

WHOLESALE
MONTHLY REPORT OF EXCISE
TAX

Mail this form along with payment to:
State of Wyoming
WYOMING LIQUOR DIVISION
Cheyenne, Wyoming 82002-0110

Wholesaler:				Page	of
		Month of:			
Address (P.O. Box, Street, City, State, Zip):				Phone Number:	
DATE	PURCHASED FROM:	INVOICE NUMBER		GALLONS (Nearest Hundredth)	
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Total Gallons. Tax per Gallon (\$.005 per liter) Tax Due this page +/- Previous Page or last month Adjustment. Total Tax Due	
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I do solemnly swear that the foregoing is a true and correct statement of all beer manufactured or imported into the state during the month for which this report is rendered, to the best of my knowledge and belief.					
Date Signed:	Printed Name:		Signature:		